THE

BOSTON MEDICAL AND SURGICAL

JOURNAL.

VOL. XV.] WEDNESDAY, NOVEMBER 2, 1836. [NO. 13.

# MEDICAL AND PHYSICAL TOPOGRAPHY OF THE TOWN OF DEER FIELD, FRANKLIN CO., MASSACHUSETTS.

BY STEPHEN W. WILLIAMS, M.D., LATE PROFESSOR OF MEDICAL JURISPRUDENCE IN THE BERKSHIRE MEDICAL INSTITUTION.

[Communicated for the Boston Medical and Surgical Journal.]

I NOTICED with much pleasure the suggestion of a "gentleman of eminence in the profession," recommending the propriety of publishing the Medical Topography of Massachusetts. The scheme has been a favorite one with me, for many years, and I am gratified to find the columns of the Medical Journal open for the reception of such communications. It is only by a careful observation of the diseases of the country, that we are enabled successfully to combat them. This was the opinion of the Coan sage, the Father of Medicine, the immortal Hippocrates, who, when he was asked, "Who is the physician that is an honor to his profession?" replied, "He who has merited the esteem and confidence of the public by profound knowledge, long experience, consummate integrity; who has been led through the whole circle of the sciences; who has a due regard to the seasons of the year and the diseases which they are observed to produce, to the states of the wind peculiar to each country, and the qualities of its waters; who marks carefully the localities of towns, and of the surrounding country, whether they are low or high, hot or cold, wet or dry; who moreover neglects not to mark the diet and regimen of the inhabitants, and, in a word, all the causes that may produce disorder in the animal economy." In conformity with the above observations, he spent a great part of his life in exploring the islands of the Grecian Seas and of the Archipelago, in relation to the subject of the health of the inhabitants. His life was spent in tracing nature, and in observing and recording facts as interpreted by her. Hence the immortality stamped upon his name and writings. The English and American Hippocrates, the venerated Sydenham and our beloved and venerated Rush, both recommend to their medical brethren the same excellent course of study and observation.

Chorographical sketches are always interesting and highly useful to the medical philosopher. This field in the United States has been, as yet, but slightly explored. To the natural historian it is unbounded, and the pioneers in this fascinating science have much to urge them onward in their course. We have hundreds of medicinal plants in Massachusetts, which, probably, in the language of Rush, "now exhale their virtues in the desert air." Let not the subject be neglected. "The science of medicine is related to everything." Never was there a finer opportunity for the display of native professional talent, with which our country abounds. Trifling and unimportant as my mite may appear, I present it to my brethren through the medium of the Journal, without much regard to order or regularity.

*Climate.*—The climate of this town is not essentially different from that of the neighboring towns in the interior of the Commonwealth, from twenty-five miles from the sea coast to the banks of Hudson river, in the State of New York. It is extremely variable, and has by no means the uniformity of climate of some of the northern and western States. Deerfield is in latitude 42° 32′. Longitude 72° 41′ west from Greenwich.

It is believed that the climate in all parallels of latitude is nearly the same, excepting local peculiarities; for instance, the climate in the same parallel upon the seaboard, is milder than in the interior; that in old countries, less humid than that of new. Winds have an essential and striking influence upon climate. The winds which blow from the Atlantic are milder than our north-western ones; the latter passing over immense masses of snow and ice which abound in those regions in the cold seasons of the year. It may, perhaps, be questionable whether fogs have an influence upon climate, or climate upon fogs. There is generally much more fog in new than in old cultivated countries; and more in valleys near stagnant waters and running streams, than upon elevated hills. Those from stagnant waters are generally unhealthy, predisposing to intermittent and other fevers, while those from running streams are healthy. The fogs upon the extensive valley of Deerfield meadows are far more dense, and of longer continuance, than upon the adjacent mountains.

In order to form a just estimate of the climate of any country, it is necessary that correct and accurate meteorological observations should be daily taken. These should be confined, principally, to thermometrical, anemetrical, and pluviametrical researches; at the same time it would be well to direct the attention to barometrical and endiometrical observations. The weight and moisture of the atmosphere are, however, perhaps, of secondary importance.

An opinion was prevalent for many years that our climate, for the last thirty or forty years, had been gradually ameliorating and becoming milder. No regular detailed thermometrical observations have been made during the whole of that time, by which we are able accurately to determine the facts. Such a journal has been kept for one or two years, and the greatest heat and greatest cold have been noted for a few years. An opposite opinion has also obtained, that there has been a greater prevalence of cold and moisture since June, 1806, than at any period preceding that time. The subject of climate is dark and intricate, and all our speculations in regard to it must ever remain vague and uncertain; for at some seasons we have the cold of Lapland, while at others we have the heat of the torrid zone, and that too in rapid succession. A few observations kept here will suffice to substantiate the opinion, or the fact, that our climate is an extremely variable one.

1818. *January.*—Thermometer twice below zero; once 10° below. Greatest heat in the same month, 40° above zero.

*February.*—Thermometer seven times below zero; once 23° below. Greatest heat 40 above.

*March* 7 *and* 8.—Thermometer at zero. Greatest heat, 55 above.

1819.—This winter was a perfect contrast to the preceding and succeeding one. I extract a few observations from my meteorological journal, to show the mildness of the season.

*January* 23.—The weather for a week past has been rainy and foggy. So much does this weather resemble spring, that meadow larks have arrived. No snow upon the ground.

24. Wild geese passed over to the northern regions. Still foggy.

25. Wild geese passed over—perhaps the flocks which passed up yesterday. Weather clear and warm. A neighbor of mine sowed wheat this day. It was good dragging the land.

31. The weather has continued quite warm for a fortnight past.

*February* 1. Very warm. An old grass field was set on fire this day; the fire spread over several acres, and the workmen had some difficulty in checking the progress of the flames.

2. Warm as summer, and smoky. Bees out of the hive in abundance.

3. Warm enough to sit in the house without a fire.

4. Still very warm. Catkins of the willow beginning to burst their calyces. This did not happen last year till the 25th of March. Immense numbers of flies seen this day.

5. Phebe arrived.

9. Weather still warm and pleasant as summer. Windows open in several houses. The heat in the middle of the day is rather oppressive to people who exercise much abroad. It is comfortable sitting in the evening with very little fire. Catkins of the poplar expanded. A few heads of skunk cabbage appeared.

10. Warm as summer. Flower-buds of the elm beginning to swell.

11. A few sugar maple trees tapped.

The weather continued warm and pleasant till past the middle of the month, when it became colder, and we had several small snow-storms, but not snow enough to make it good sleighing.

1824. *January.*—The thermometer has not been down to zero but once this month.

1825.—The months of January and February have been a continued March. The thermometer but once sunk below zero in either of these months.

1826.—Little snow, and a mild winter.

*Observations by the thermometer for* 13 *months in* 1826-7.

| | | | | |
|---|---|---|---|---|
| 1826. | *July.*—Greatest heat | 85 | *Oct.*—Greatest heat | 77 |
| | Least heat | 60 | Least do. | 27 |
| | *Aug.*—Greatest heat | 85 | *Nov.*—Greatest heat | 55 |
| | Least heat | 60 | Least do. | 20 |
| | *Sept.*—Greatest heat | 86 | *Dec.*—Greatest heat | 55 |
| | Least do. | 45 | Least do. 8 below zero. | |

1827. *Jan.*—Greatest heat 44
7 times below zero, once 25 below.
*Feb.*—Greatest heat 47
5 times below zero, once 11 below.
*March.*—Greatest heat 67
Least do. 2
*April.*—Greatest heat 76
Least do. 35
*May.*—Greatest heat 90
Least do. 38
*July.*—Greatest heat 92
Least do. 60

1829. *Jan.*—Thermometer 5 times below zero this month; once 15 below.

*Feb.*—Very cold. Thermometer 14 times below zero; once 16 below.

*March* 29.—Thermometer 57 1-2 above zero.

*May* 24.—Thermometer 93 above zero.

*Dec.*—The whole month very mild. No snow. Thermometer ranged from 20 to 35 during the month.

1830.—Very mild. Little snow either in January or February. Thermometer 7 times below zero; once 17 below.

1831. *Jan.*—Mild. Little snow.

*Feb.*—Thermometer 7 times below zero; once 10 below.

*May* 9.—Thermometer 90 1-2 above zero.

*June.*—Very warm. Thermometer on the 2d, 96 above zero; 3d, 94 above.

1832. *Jan.*—Thermometer 7 times below zero; once 12 below.

*Feb.*—6 times below; once 16 below.

1834. *Jan.*—6 times below; once 8 below.

*Feb.* 16.—Thermometer 42 above zero.

*July* 7.—Thermometer 92 above; 8th, 96; 9th, 98; 25th, 98; and 26th, 97 above zero.

*Dec.*—Thermometer 7 times below zero; once 7 below.

1835.—Thermometer, eleven days in succession, below zero; once more than 30° below in January.

*Feb.*—Nine days below; once 10 degrees.

*Nov.* 30.—Thermometer 3 degrees below zero; once 16 below.

1836. *Jan.*—Thermometer 8 times below zero; once 16 below.

From some pluviametrical observations made by my grandfather, David Hoyt, Esq. it appears that the snow fell in 1812, 76 1-2 inches. That, however, was an unusually severe winter.

Rufus Saxton, Esq. of this town, has obligingly furnished me with the following results of his observations upon the depths of snow which have fallen in this town since the year 1815.

| Winters | | Inches. | Winters | | | Inches. |
|---|---|---|---|---|---|---|
| 1815 & | 1816 | 40 | 1825 & | 1826 | | 32 |
| 1816 | 1817 | 61 | 1826 | 1827 | | 69 |
| 1817 | 1818 | 49 | 1827 | 1828 | before January | 24 |
| 1818 | 1819 | 52 | 1828 | 1829 | | 60 |
| 1819 | 1820 | 51 | 1831 | 1832 | | 82 |
| 1820 | 1821 | 85 | 1832 | 1833 | | 62 |
| 1822 | 1823 | 58 | 1833 | 1834 | | 61 |
| 1823 | 1824 | 38 | 1834 | 1835 | | 55 |
| 1824 | 1825 | 31 | 1835 | 1836 | I believe over | 90 |

Probably in 1830 and 1831 the depth of snow was as great as in any years noticed. The observations were incomplete for those years. The greatest depth of snow which fell at any one time was 24 inches, in December, 1823.

HEALTH, MEDICAL STATISTICS.—This town may be considered as healthy as any upon Connecticut river, and perhaps as any in the United States. There are now no local causes which peculiarly predispose to disease. Formerly the inhabitants were very subject to intermittent and bilious fevers, owing to stagnant waters and vegetable miasmata, which were occasioned by the subsiding of the waters from the level of our meadows. This fact is contradicted by the late Dr. Nathan Smith, in his work on typhous fever, who asserts that intermittent fevers never originate in the valley of Connecticut river, from its mouth to its source, for the breadth on each side of it of forty or fifty miles. We have, however, abundant facts to show that fever and ague was formerly very prevalent in this town. The site of our town street, and our extensive meadows, were once the bed of a lake, a passage for which has burst through the mountain about half a mile from the place where it now empties into Connecticut river. Upon the subsidence of the waters of the lake, the meadows were left an extensive marsh, interspersed with numerous ponds of stagnant waters, the fogs arising from which, and putrid vegetable miasma, annually occasioned numerous cases of fever and ague. This is always the case in new level countries in the neighborhood of lakes and ponds of stagnant water. Within sixty years, however, there have been few cases of this disease, and at present it does not prevail here. The marshes have dried up. Deerfield river runs rapidly through the meadows, and there are no ponds of stagnant water.

Generally speaking, there are no prevailing disorders here. There, however, occasionally happen epidemic diseases, as is the case in every town in the United States. The diseases with which we are occasionally visited are extremely diversified. More occur from pulmonary consumption than from any one cause, and I have too much reason to fear that this fatal scourge of the human race is not diminishing in frequency here. The croup in infants, the dysentery, the scarlet fever, and other species of fevers, and the consumption, may be said to be the most prevalent complaints. Once within forty years we have seen the terrible ravages of epidemic dysentery, which was equal in malignity, for the time which it prevailed, to the yellow fever of Philadelphia or the plague in London. Twice within thirty years a peculiar malignant epidemic fever prevailed, and once within four or five years the scarlet fever was extremely mortal. The origin of the spotted fever which prevailed here in the autumn of 1806, was traced to animal and vegetable putrefaction, and a want of attention to cleanliness in the families in which it prevailed. Its destructive ravages were confined principally to those families. A few scattering cases have appeared since that time. The lung fever, or typhoid pneumonia, we had in common with our neighbors in the different towns in the vicinity of this place, in 1814. The other fevers which have prevailed here within twenty-five years, have been either typhous, or the autumnal bilious remitting fevers, principally the latter, and very few cases of the former. Some of these have been confined to the south village in this town, which is now far from being unhealthy; and some to that section of the town which lies immediately upon the banks of the Connecticut river, which had hitherto been considered, and is now known to be, a very healthy part of the town. It has been stated, and I believe the observation is correct, that diseases are generally less inflammatory in this place than in the neighboring elevated towns.

Of late, with very few exceptions, our winters are more unhealthy than our summers. Fevers have often prevailed more at this season than at any other, contrary to the usual laws of these complaints.

Nearly the same observations will apply to diseases as to climate, viz. that in all parallels of latitude, excepting particular localities, and the manners, customs, occupations, and luxuries of mankind, diseases are nearly the same.

According to the parish register, there have been 950 deaths in this town from the year 1787 to 1836, a period of forty-nine years, which upon an average in that period is 19 and 38 hundredths in a year. The population of Deerfield in 1790 was 1330. The deaths in the first ten years, from 1787 to 1797, were 116, or on an average of 11 and 6 tenths a year. Population in 1800, 1537. The deaths between 1797 and 1807, were 205. This included the period of the dysentery, in which year there were 65 deaths. This gives an average of 20 and 5 tenths a year. Population in 1810, 1570. This included the year in which the lung fever prevailed, and in that year there were 33 deaths. The deaths between 1807 and 1817, were 225. Average, 22 and 5 tenths. Population in 1820, about 1892. Deaths between 1817 and 1827, 169. Average, 16 and 9 tenths a year. From 1827 to 1836, nine years, 231 deaths in a population of 2003, which this town contained in 1830. This gives an average of 25 and 6 tenths a year. In this period the scarlet fever prevailed for two years, in the years 1831 and 1832; in the former of which there were 51 deaths, and in the latter 32. Average number of deaths for the forty-nine years, one in eighty-six inhabitants. For the first ten years, one in one hundred and fourteen. For the second ten years, one in seventy-five. For the third ten years, one in seventy. For the fourth, one in one hundred and ten. For the fifth period, one in seventy-eight.

That country is called healthy, where the average number of deaths is not more than one in sixty. Dr. Bisset Hawkins has delivered a course of lectures in England, within a few years, in which he endeavors to prove, and I think successfully, that the average duration of human life is much longer now than it was forty or fifty years ago, notwithstanding the reputed habits of refinement, luxury, and effeminacy, which are said now to prevail; and this he proves by a great many facts and tables. I subjoin some of them to substantiate his position, and also to show that this town sustains more than an average share of health, in comparison with many towns and cities both in Europe and America.

| Countries. | Present rate. | Former rate. |
|---|---|---|
| Great Britain | 1 in 60 | 1 in 40 in 1780 |
| France | 1 in 40 | 1 in 29 in 1781 |

| Countries. | Present rate. | Former rate. |
|---|---|---|
| Pays De Vaud | 1 in 48 | 1 in 35 in 1755 |
| Sweden | 1 in 48 | 1 in 23 in 1750 |
| Holland | 1 in 48 | |
| Prussia | 1 in 35 | |
| Russia | 1 in 41 | |
| Two Sicilies | 1 in 32 | |
| *United States | 1 in 40 | |
| New Spain | 1 in 30 | |
| Cities. | | |
| London | 1 in 40 | 1 in 20 in 1750 |
| Paris | 1 in 32 | 1 in 25 in 1750 |
| Berlin | 1 in 34 | 1 in 28 in 1755 |
| Glasgow | 1 in 44-41 | |
| Manchester | 1 in 74 | 1 in 25 in 1750 |
| Liverpool | 1 in 40 | 1 in 30 in 1811 |
| Birmingham | 1 in 43 | 1 in 34 in 1811 |
| St. Petersburgh | 1 in 37 | |
| Vienna | 1 in 22 1-2 | |
| *New York | 1 in 35 | |
| *Philadelphia | 1 in 31 | |
| *Baltimore | 1 in 36 | |
| *Boston | 1 in 49 | |
| Deerfield | 1 in 86 | |

* Probably incorrect data in the United States; in 1826, the rate in Philadelphia was one in 50 8 tenths. In Boston in 1827, one 62.87.

It appears from data furnished by Dr. Hawkins that the inhabitants of civilized countries not only live longer than those which are uncivilized, but are actually stronger and more robust, and can endure much greater bodily fatigue and exertions.

*Some* of the complaints of which the inhabitants of this town have died within the forty-nine years mentioned above, are as follows: Fits, 44; Fever, 49; Dropsy, 20; Pleurisy, 13; Dysentery, 73; Palsy, 13; Consumption, 117; Canker-rash, 30; Lung fever, 24; Accident, 17; Drowned, 20; Suicide, 2; Homicide, 1; Killed, 1; Child-bed, 6; Angina Pectoris, 6; Hydrocephalus, 12; Insanity, 2; Burns and Scalds, 8; Croup, 14; Apoplexy, 7; Cancer, 8; Colic, 13; Old Age, 61; &c. &c.

Of the 950, seventeen were over 90 years of age; 72 were over 80; 200 were over 70; 67 between 60 & 70; 34 between 50 & 60; 47 between 40 and 50; 42 between 30 and 40; 95 between 20 and 30; 75 between 10 and 20; 252 between birth and ten years.

From the above statement it will be seen that a healthier locality cannot be found on the surface of the globe than Deerfield.

The natural history and medicinal productions of Deerfield may be expected in a future number.

*Deerfield, Mass. Oct. 4th,* 1836.

## STAGNER'S TRUSS.

*To the Editor of the Boston Medical and Surgical Journal.*

Sir,—I am happy to gratify you with "some account of Stagner's Truss," as well as to present you with a specimen of the instrument. This truss had been applied to about fifty patients, under different conditions of inguinal hernia, when the invention of Dr. Chase's instruments was announced. When Mr. Stagner first introduced his wooden block, its efficacy in the many cases in which it was successful was attributed to the irritation and adhesive inflammation which it produced. Dr. Hood, and subsequent practitioners of the instrument, adhered to the hypothesis that its pressure produced the adhesive inflammation, in all the parts between the peritoneum and the skin, and in this way obliterating the herniary opening. The block was therefore left somewhat rough, in order that it might answer the desired intention. Accordingly the result has been the almost immediate production of severe irritation, in all cases; and in many, an inflammation so great that it was impossible to wear the truss for many days. Patients, however, have in a short period become accustomed to this pressure, and the instrument is worn with comparative comfort, even by the hardest laboring men. I regard the opinion of the Committee of the Philadelphia Medical Society as correct, as stated in their report on these instruments, that while they possessed important advantages over the common soft pads of trusses in general use, yet their tendency to an elongated semifusiform shape renders the block so extremely prominent at the lower extremity of the shoulder, that the internal ring is not only insecurely supported, but strong and painful compression is confined by this prominence to a very narrow space. To remedy this obvious disadvantage, I was led to reduce this abruptness of the pelvic and abdominal faces of the block, and such were rendered uniformly more comfortable to the patient, and in no instance losing any of the retentive power of the truss. Particularly was this the case with children, who could illy support this limited pressure, unless the spring was so loose as to hazard the retention of the viscera of the abdomen.

This objection was entirely removed by the invention of Dr. Chase's inguinal block. While it possessed all the advantages, it escaped all the objections justly lying against the block of Stagner and Hood. Both extremities of the block are alike, and while the internal ring, where it is desirable to combat the hernia, is protected as completely as any other part, the pressure is exerted equally along the whole length of the inguinal canal. It presses nearly equally at all points, with a slight concentration of its force at the internal ring, and along the route of the canal, while that of Stagner is confined to the external ring, where it is least needed and the least comfortable, in the varying attitudes and exertions of the patient. In the practice of Chase's instruments, the pressure has caused a mere redness of the skin in a majority of cases, and occasionally the patient has complained of a slight soreness; but medical cures have been effected in many cases, in which there has been scarcely a trace of irritation at any time during the treatment. I regard this result as a negative reply to the inquiry whether any adequate advantages were derived from the "great soreness and inflammation" which the application of Stagner's instrument produced.

Your inquiry did not include the question, "how far the production of local irritation accelerates the radical cure of hernia by wooden blocks." But as the inquiry may be made by some of your readers, I will endeavor to give, in your next, or speedily, the opinion of those who have enjoyed advantages, and are adequate to pass judgment on this important point.

Yours, L.

---

## ANIMAL MAGNETISM IN BANGOR.

*To the Editor of the Boston Medical and Surgical Journal.*

Sir,—Allow me to commence this communication by a few introductory remarks. In such a question as this of animal magnetism, what do the public ask for? Surely, for evidences; and what can those evidences be, but the facts themselves—well-observed and well-confirmed facts? The subject of animal magnetism, indeed, has been brought forward with assertions of so strange and extraordinary a kind, that in hearing them, the first movement of the mind is to reject them as false, as impossible. What have we to do, then? To prove what has been said; to give palpable, indisputable demonstrations. Now, if such demonstrations can be afforded, is it not our duty to make them known to all, in order not to be inconsistent with ourselves, and lead people to suspect that they have been imposed upon? I am aware that there are some individuals who pretend that the knowledge of animal magnetism must be kept secret; that it is improper to publish any fact that may present itself. I am not one of these individuals. For the present, I content myself with saying, that I hold, in principle, that if the magnetical phenomena are true, they must be known; that it is our duty to publish every fact which comes under our notice. Indeed, in my opinion, truth belongs not to a few only, but to all; and to acquire information on any order of natural phenomena, is not the privilege of a certain class, but of all mankind. This principle I apply particularly to animal magnetism, which is better calculated than any other series of phenomena, to awaken the curiosity and excite the interest of the philosophical minds that are found in the various classes of society.

I know very well that a single, isolated fact means nothing, or but very little. This might be an anomalous, an exceptionable fact, a departure from the usual course of things. But several facts, although observed at certain intervals, may be considered of great value whenever they coincide with each other in their cause and effects. Being collected together, they will form an assemblage that could be logically consulted, as a source of inference concerning certain manifestations of nature. For instance, Mr. Editor, a fact of a peculiar description is produced under the application of what is called animal magnetism; this single fact, I repeat, is of but little importance, so far as the nature of its cause is concerned—because phenomena very similar have been observed under different circumstances, and because this fact might be an anomaly, an accidental phenomenon. But let us suppose that this first case be followed by two, three or four others exactly like it, and produced under the application of the same means; you easily understand that these facts, by being brought together, become then important, as they show a disposition of human organization to be affected by such a cause, also the nature and efficiency of this cause. Again, let us suppose these four or five cases entirely similar to those transmitted to us from other countries, by respectable eye-witnesses; then the truth becomes striking; and no one can reasonably doubt the reality both of the natural disposition and of the cause I have just mentioned. This is, sir, in a few words, the history of animal magnetism, as well as of any science, whatever it may be. Now, because a fact presents itself in an isolated manner, shall we take no notice of it, and deem it not worth publication? But, in so doing, a great number of similar facts, produced by the same cause, but at intervals and in various places, would be entirely lost and unknown; whereas, should they have been carefully noticed and published, they might have come to the examination of scientific men, who could have made them highly useful by drawing proper inferences from them.

Such are the views which induce me to make known, through your Journal, some of the results of the experiments made in Bangor (Me.), in August last. During my residence in that city, there were 7 persons magnetized under my personal notice, most of whom were entirely ignorant of animal magnetism, and those who had heard something of it had no faith at all in its efficiency. However, all were affected, with more or less success. One of them, completely ignorant of the usual effects of magnetism, was operated upon by myself, in presence of a physician, Dr. C., and was *compelled* to sleep, although he had taken the determination not to sleep, when he began to feel an inclination to it. I could not pursue my experiments on *this subject*, because he left the place the very next morning. Two other persons, magnetized by two enlightened and liberal-minded physicians of the city, felt a general increase of heat, and a great drowsiness; but could not be put to a profound sleep, on account of the convulsions, which manifested themselves with such an intensity that the operator was obliged to cease. These convulsions were produced at several successive experiments. Two others were put to sleep several times, but had not yet reached the degree of somnambulism, when I left the city. Finally, two, one of whom was a boy 13 years of age, became somnambule. One of these cases seemed to have carried conviction to all those who witnessed it; yet the effects were incomplete, compared with those now exhibited in Boston and at Cambridge, and those mentioned in this Journal some months past.

*Boston, Oct.* 1836. CH. POYEN.

## SWALLOWING OF PINS.

THE following observations by Dr. Jacobs, of the Queens County Infirmary, Ireland, on the effects of swallowing pins, or, indeed, other foreign substances, are, though simple, not unworthy of attention. Patients constantly maintain that the foreign body is still sticking in the throat, at a time when the sensation is merely the effect of the irritation that some part of the œsophagus has suffered. It is frequently necessary to pass an œsophagus-bougie, and to declare that this has pushed the substance down into the stomach. But to return to Dr. Jacob.

"Among the list of cases is one who swallowed a pin: she came to me from an adjoining county, complaining of very distressing symptoms, and I was therefore obliged to admit her for a few days. Females to whom this accident may have occurred constantly come to me for the purpose of having the pin removed. If it so happen that it may have passed down the œsophagus, it is almost impossible to convince the patient that it does not remain in the throat. She points to the situation of either corner of the os hyoides as the seat of all her troubles; there she feels the soreness increased by every attempt to swallow, and there she obstinately insists she can distinctly feel the pin when she passes her finger down the throat. It may be readily supposed that her efforts soon induce a degree of inflammation, which renders the illusion more confirmed, as conjunctival vascularity induces a sensation of sand in the eye, or inflammation of the fauces a feeling of a foreign body there. On passing down the finger we may ourselves for a moment remain in doubt. The muscles of the pharynx being thrown into a state of spasmodic action, force the cornu of the os hyoides forcibly against the mucous membrane, and the sensation communicated to the finger, resembles strongly what might be expected from the presence of a large pin lying across under this membrane. That this mistake, into which even a practitioner may fall, might lead to serious consequences, is proved by a case which came under my care not long since. A young girl having allowed a pin to slip down her throat, lost no time in proceeding to a neighboring surgeon. She felt quite satisfied that she could place his finger where it lay at the butt of the tongue, as is commonly described. He examined the throat, and felt so convinced of its presence that he made a deep incision at the side of the os hyoides for its removal; I need scarcely add, without effect. He was favored by fortune, and escaped injuring any of the large vessels, but considerable inflammation supervened, and the girl was obliged to seek admission at the Infirmary, where she slowly recovered. Much better had he committed the harmless deception, sometimes practised by my father, of slipping into the basin a pin answering to the description of the one swallowed by the patient."—*Medico-Chirurgical Review.*

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 2, 1836.

## MEDICAL TOPOGRAPHY.

**Readers are respectfully referred to the article by Dr. Williams, on the first page. It is precisely the kind of information we are desirous of col-**

lecting, and therefore again urge the profession in Massachusetts to contribute the results of their experience and observation. The papers we ask require no embellishments; a plain statement of facts in relation to the diseases which have prevailed in any one town or district, from the first settlement, or from any convenient epoch to reckon from, accompanied by such statistical information as may lead to an accurate acquaintance of the past, and furnish some probable conjectures of the character of maladies that may be expected to show themselves, from time to time, even under ordinary circumstances of what is called good health, is all that is necessary. Should we be successful in collecting a medical history of the State, which cannot be accomplished unless the practising physicians furnish the materials, which will be nothing more nor less than a medical sketch of their own towns, the theatre of their business, it is proposed, at some future day, to embody the whole in a distinct volume. In that case, the medical history of the Commonwealth would really be the conjoint production of the whole professional corps.

There is a culpable reluctance to writing anything, with some men, arising mainly from a groundless fear that they cannot contribute anything to the general stock worth preserving. As a body, physicians seem to be very unwilling to become authors. Not more than one twentieth of those in active practice, ever think of publishing even a history of cases. Now there is no excuse for not economizing life—by setting apart some part of every day, week or month, for doing something for the advancement of the science. No more effectual way could be devised, than recording, in a permanent form, the results of one's personal observations. They become important tables, and therefore cannot be too carefully or too elaborately chronicled.

We sometimes become so heartily discouraged in making efforts to preserve even solitary cases, that were it possible to abandon the object of collecting local intelligence altogether, without committing ourselves, we verily believe that we should do it. In asking the favor of a manuscript history of the diseases and medical statistics of each town, we indeed call for a mass ; but there is no other way of obtaining it, and it is by no means certain that it is to be had at all.

Once more, we invite our brethren to give us a little assistance, by forwarding medical town histories, similar to the one from Dr. Williams, which is a very excellent plan of the manner of arrangement.

## DISEASES OF THE SKIN.

Only a few physicians make themselves so familiar with the diseases of the skin, as to be very serviceable to those who consult them. It happens that the profession, as a general rule, in this country, engage in such miscellaneous practice, that what are called minor maladies are less understood than those of a terrific nature. They are successful in the every-day treatment of acute diseases, whilst those which fall under the cognisance of empirics, simply because no one else manifests an interest in them, are quite neglected. A similar course is pursued in relation to indolent tumors and phagedenic ulcers : if in the first instance, the knife is not permitted, the patient is suffered to go with his ills thickening upon him—a sort of cast-off, whose case is without remedy. This is not the way to proceed. An immense business is thus given directly into the hands of medical pretenders, which never would have reached them, were a greater effort made by those whose duty it is always to make positive exertion for the sick confided to their care. In cities, anomalous eruptions are very common, and for the simple reason that a majority of those suffering from them can find no relief. After going the rounds of some half dozen compound cathartics, cream of tartar and sulphur, &c., old women and quacks are called in as a dernier resort, being the last to be consulted—and usually because physicians take no trouble in the matter beyond two or three prescriptions.

The late Dr. Robbins, of this city, devoted considerable attention to this department of practice, and with the happiest results. At the time of his death, he was probably more familiar with the whole range of cutaneous affections, as ordinarily exhibited in thickly inhabited districts, than any other man of his age in New England. It was by close attention to the sufferings of the poor, that he became conversant with the general character of these complaints, and established, from close observation, a system of treatment that rarely failed of giving permanent relief. Were some one to announce himself to the public as being entirely engaged in prescribing for diseases of the skin, he would not only speedily command an extensive and profitable field of practice, but he would gather in a harvest of pathological experience, which could be acquired in no other way. Even the establishment of an institution expressly for the admission of all classes of people laboring under any diseased condition of the dermoid textures, would meet with universal favor and esteem.

With a view to calling the attention of physicians to the consideration of this subject, these cursory observations have been made, though we have by no means so fully expressed ourselves, in this instance, as the importance of the business certainly demands.

*Chloride of Zinc in Cancer.*—Mr. Ure, of Glasgow, has directed the attention of the profession to the use of this article in cases of malignant ulceration. The formulæ used were, chloride of zinc one part, to wheat flour two, three, or four parts, with the addition, in some cases, of chloride of antimony half a part, which were prescribed according to the conditions of the cancerous affection and the sensibility of the surface. The anhydrous sulphate of lime was sometimes substituted for the flour. The paste is applied to the cutis of the diseased part, the epidermis being removed by a blister when the integuments are sound.

*Hooping Cough.*—It is possible to relieve the convulsive stage of hooping cough by morphia, pushed till it produces narcotism ; but, says Dr. Berndt, we must pause before we can recommend so bold and dangerous a proceeding. We have never witnessed a single case of pertussis, in which medicine, in any form, essentially relieved the patient. It is of the catalogue of Dr. Bigelow's self-limited diseases.

*Lactic Acid.*—From milk and the juice of beets, this powerful agent is obtained ; but the process is a tedious one, not worth republishing, since the acid may be purchased, as put up by the French chemists. It is without odor, but prodigiously acid to the tongue. From the atmosphere it absorbs moisture, and should consequently be kept securely. Alcohol and water dissolve it in any quantity. But its most interesting property is that of rapidly dissolving the phosphate of lime in the bones; and hence it is beginning to attract attention, with the expectation that it is ultimately to become a remedy, to considerable extent, in dyspepsia Thus far, the lactic acid has been given in the form of lozenges; but there is such a want of preciseness in the manner of making them, that it is better to wait for some further information upon this point, than to hazard anything by the present imperfect directions for manufacturing them.

*Demonstrator of Anatomy at the Medical College.*—The inquiry was made a short time since by a correspondent—who is to be the demonstrator at the Medical School of Harvard University? We are now able to answer the question. Joseph Roby, M.D. of Boston, has received the appointment. A more judicious choice could not have been made. The suavity of his manners, and his well-known devotion to the interests and character of the profession, promise well for the institution. If Dr. Roby does not give perfect satisfaction to the faculty, as well as to the students who may enter his particular department, it will be the first time that his efforts have been unsuccessful in a responsible station.

*Medical Library of the Athenæum.*—Of what advantage is it to the world, or the physicians of Boston, to have a collection of medical books locked up at the Athenæum? Who is privileged to read them—or how can they be consulted, provided a man has neither friends at court or a certificate of stock in the institution? Why would it not be an excellent plan to place those works somewhere up town, say in Tremont street, in a comfortable room, where one could step in and out, as business would permit, at all hours? We wait for a reply.

*Narceine* was discovered by M. Pelletier in 1832; and *meconine* by M. Couerbe, both of which are considered new principles in opium. The first article, narceine, is white and inodorous, slightly bitter, and almost metallic, and dissolves in 230 parts of boiling and 3750 of cold water. It is obtained from the ammoniacal solution, from which morphia has been precipitated: meconine is procured from it also. Codeine is another medicinal preparation from opium, which M. Magendie ascertained, at the Hotel Dieu, might be prescribed advantageously. A single grain, in some cases, would produce sleep, and not leave the patient with that kind of drowsiness the following day, which often characterizes the administration of morphia. A grain of codeine is considered equal to half a grain of pure morphia. We do not discover, however, that either of these new preparations, or new principles, as they are designated, promise much for the materia medica, already burthened with articles unfortunately denominated medicines.

*Medical Miscellany.*—Two brothers, surgeons, recently fought a duel in France, which grew out of rivalry in their profession. One of them was killed.—-What is the matter with the medical college of New York? Things are at odds and ends there. The regents had better fill some half a dozen professorships from Boston, if they wish to overcome the difficulties.—Not long ago a lady went through the severe operation, in this city, of having the fore part or arch of the under jaw taken out, having upon it all the front under teeth. It was a formidable case of exostosis. She is now quite well, and we understand that the character of the face is not essentially changed.—The newly arranged Anatomical Museum at the Medical College, Mason street, is not surpassed, it is believed, in this country. Professional strangers, visiting Boston, should not leave without devoting an hour there.—The medical class at the Berkshire Institution, we are informed, is larger than in any former season.—Dr. Hanson's tooth instrument, manufactured at Bangor, Me. is getting into favor daily. The dentists in that region bestow unqualified praise upon it.—The prospect for the establishment of an Asylum for the Insane in New Hampshire, is brightening. Dr. Bell, of Derry, has every qualification for conducting it.—The best green teas are made of that color by the Chinese, it is said, with prussian blue—a bad poison.—A Frenchman at the Zoological gardens, resisted the strength of two horses, the other day, drawing with all their force, to drag him from a platform. —Dr. Klippstien, of Germany, has discovered near Eppeishiem, the cranium of an antediluvian animal, *dinotherium gigantium*, which is six feet long and three broad.—The poisonous principle of hemlock, according to Prof. Geiger, of Heidelburg, is an ankali, in the form of an oily fluid.—Sailed, for Italy, Dr. Thomas W. Parsons, of Boston.—The health of New Orleans is represented to be excellent at this time.—Smallpox is beginning to show itself again in various parts of the country. There should be a general vaccination in the country towns annually.—Typhous fever has been very common, of late, in this section of country.—Dr. Chase's truss is gaining friends everywhere.—Brandeth's pills begin to open people's eyes: they see the imposition.—Good accommodations have been made for invalids, at Matanzas, a want of which, for past years, has been a serious objection to visiting that delightful place.—Dentistry has become so extremely profitable that many physicians are going into the business, to the total abandonment of medical practice, on which some have hoped for success till they nearly starved. —The taliacotian operation for a new nose has been successfully performed in Boston, within a few weeks, the particulars of which we shall soon publish.—The smallpox is creating considerable alarm at Sierra Leone, and well it may, as it is always particularly severe with colored people.—Dr. James Hall has resigned the government of Maryland, in Liberia.—There are but two public institutions for medical and surgical instruction in Denmark.—It has been ascertained that wounds have always healed more rapidly in a temperature above 85 degrees Fahr. without dressing, than with or without dressing in a lower temperature. —Prof. Chelius, of Heidelburg, mentions that out of twenty-nine cases of amputation, he lost only two patients. The circular incision was in every instance put in practice, and ligatures employed to secure bleeding vessels; but in no case, torsion.—At the time of a general inoculation for smallpox in Charlestown, Mass. in 1792, 1352 persons were inoculated (879 of whom were inhabitants of the town), of which number nine died; twelve took the disease the natural way, of whom three died. A bill of mortality for the same town, during the nine years succeeding 1788, shows the whole number of deaths to have been 325, of whom 43, or nearly one eighth of the whole, were over 70 years of age. About one quarter of the deaths were by hectic complaints. Marriages during the same period, 125; births, 576; baptisms, 310. In 1790 the number of inhabitants was 1583—making the average deaths for nine years, 1 in 45.

**Died,**—At Velasco, Texas, Dr. John Holcombe, late of New Jersey.—At Weathersfield, Vt. Dr. John Angier, of Haverhill, N. H. aged 51, by being thrown from his carriage.

Whole number of deaths in Boston for the week ending October 29, 39. Males, 19—females, 20.

Accidental, 1—cholera infantum, 1—typhous fever, 4—consumption, 5—old age, 1—bowel complaint, 2—croup, 2—infantile, 4—canker in the bowels, 1—calculus, 1—marasmus, 1—diarrhœa, 1—canker, 1—paralytic, 1—dropsy on the brain, 1—tumor, 1—brain fever, 1—lung fever, 1—quinsey, 1—sudden, 1—suffocation, 1—intemperance, 1—burn, 1—teething, 1.

## MEDICAL INSTITUTION OF YALE COLLEGE.

THE course of Medical Instruction, in Yale College, begins on Thursday, Nov. 3d, 1836, and continues seventeen weeks. There are at least five lectures daily through the term, and a part of the time six. The several branches are taught as follows, viz.

Principles and Practice of Surgery, by Thomas Hubbard, M.D.
Theory and Practice of Medicine, by Eli Ives, M D.
Chemistry and Pharmacy, by Benjamin Silliman, M.D. and LL.D.
Materia Medica and Therapeutics, by William Tully, M.D.
Anatomy and Physiology, by Jonathan Knight, M.D.
Obstetrics, by Timothy P. Beers, M.D.

The several courses in all the departments are full and complete, and the means of illustration ample.

The matriculation fee and contingent bill are $7,50; the fees for Chemistry, Anatomy, Surgery, Materia Medica, and Theory and Practice, are $12,50 each, and for Obstetrics, $6—amounting to $75—the whole to be paid in advance. The graduation fee is $15.

All the necessary expenses of living in New Haven during the winter are from $2 to $4 a week, according to the accommodations required. 6t

Yale College, Sept. 1, 1836.

## MEDICAL TUITION.

The subscribers have recently made some additional arrangements for the instruction of medical students. A suitable room is provided, as heretofore, for the use of the pupils; the necessary books are supplied; and a systematic course of study is recommended. Personal instruction is given to each pupil in each of the several departments of medical knowledge. Every facility is provided for the cultivation of practical anatomy, which the present improved state of the law permits. This department will receive the constant attention of one of the subscribers, who will always give such aid and instruction as the pupils may need.

The pupils have free admission to the lectures on Anatomy, and on Surgery, in the Medical School of Harvard University, and to all the practice of the Massachusetts General Hospital; and generally they have opportunity to attend private surgical operations.

The terms are, $100 per annum; to be paid in advance.

JOHN C. WARREN,
GEORGE HAYWARD,
Boston, October, 1835. June 15—eoptf ENOCH HALE,
J. M. WARREN.

## TO MEDICAL STUDENTS.

H. A. DEWAR, M.D. intends forming a class for the study of Dentistry, in every branch. The number will be limited, and each student will have an opportunity of becoming practically acquainted with all the operations and manipulations requisite. Dr. D. has provided a large and commodious work-room for their exclusive use. Further particulars may be learned by calling on Dr. Dewar, No 1 Montgomery Place. tf—Oct. 19

*Boston, Oct.* 7, 1835.

## MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving a complete course of medical instruction, and will receive pupils on the following terms:

The pupils will be admitted to the practice of the Massachusetts General Hospital, and will receive clinical lectures on the cases they witness there. Instruction, by lectures or examinations, will be given in the intervals of the public lectures, every week day.

On Midwifery, and the Diseases of Women and Children, and on Chemistry by Dr. Channing.
On Physiology, Pathology, Therapeutics, and Materia Medica - - - - " Dr. Ware.
On the Principles and Practice of Surgery - - - - - - - - - - - " Dr. Otis.
On Anatomy - - - - - - - - - - - - - - - - " Dr. Lewis.

The students are provided with a room in Dr. Lewis's house, where they have access to a large library. Lights and fuel without any charge. The opportunities for acquiring a knowledge of Anatomy are not inferior to any in the country.

The fees are $100—to be paid in advance. No credit given, except on sufficient security of some person in Boston, nor for a longer period than six months.

Applications are to be made to Dr. Walter Channing, Tremont Street, opposite the Tremont House, Boston.

WALTER CHANNING,
JOHN WARE,
Jan 20—1yep GEORGE W. OTIS, JR.
WINSLOW LEWIS, JR.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid.* It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price $3,00 a year in advance. $3.50 after three months, and $4,00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a newspaper.